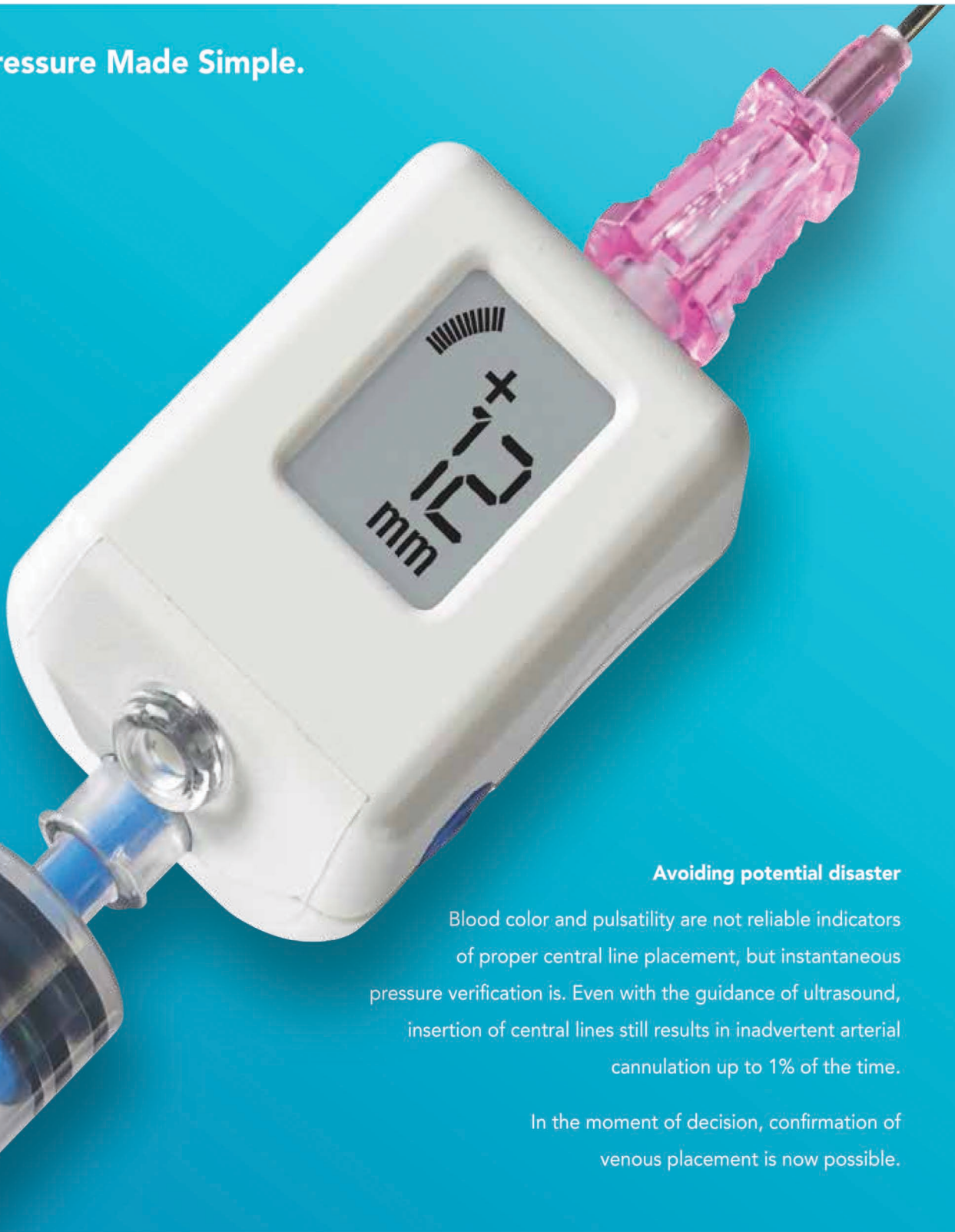


COMPASS FOR CENTRAL LINE INSERTION PREVENTING INADVERTENT ARTERIAL CANNULATION

Precise Pressure Made Simple.



Avoiding potential disaster

Blood color and pulsatility are not reliable indicators of proper central line placement, but instantaneous pressure verification is. Even with the guidance of ultrasound, insertion of central lines still results in inadvertent arterial cannulation up to 1% of the time.

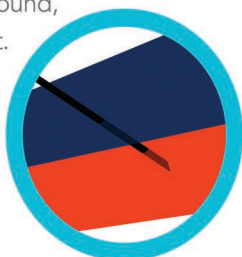
In the moment of decision, confirmation of venous placement is now possible.

HOW CLOSE ARE YOU TO AN ARTERIAL CANNULATION?

Compass | CENTURION

Ultrasound alone cannot prevent all arterial cannulations.

Once you set down or turn off the ultrasound, you are blind to what could happen next. As little as 1mm of movement can cause the introducer needle to accidentally migrate into an artery. If cannulated, your patient could rapidly bleed out or require unplanned surgery.



- A Mayo Clinic study found USG did not, with any statistical significance, reduce complications with CVC placement. Pressure transducers were effective.
- A yearlong, multi-hospital study of four academic medical centers using ultrasound with Compass revealed:
 - Of 298 CVCs placed, 5 inadvertent arterial punctures occurred even with the use of ultrasound
 - The added use of Compass prevented arterial cannulation in all of those incidents
- A University of Washington meta-analysis highlighted that with USG, needle and wire are not always visualized in the vein, and movement and needle migration outside the vein still occurs
- In a study of 1,172 CVC placements, pressure transduction correctly identified all the arterial punctures and there were no cases of inadvertent arterial cannulation.

What is the impact of a 1% failure rate?

If 1% of all cars were manufactured without steering or brakes, would anyone drive? Why should we accept a 1% failure rate in placing CVCs?

- 5,000,000+ CVCs are placed annually in the U.S. That's about 13,700 per day, or nearly 600 per hour, around the clock.
- A 1% failure rate means the lives of nearly 1,000 people are endangered every week.

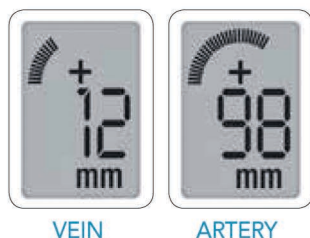
The potential financial ramifications are severe. Injury associated with CVC placement can result in a claim payout of, on average, \$95,000 excluding legal expenses.

Now consider the sheer volume of CVCs you place each year. Would you be content with a 1% failure rate?

Pressure verification is the recommended preventive measure for inadvertent arterial cannulation.

Confidence in the moment.

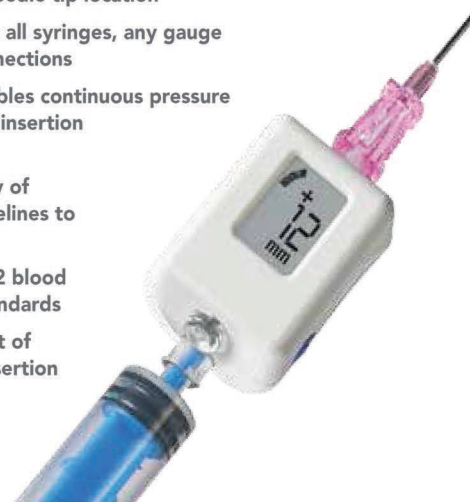
In the moment of decision, confirmation of venous placement is now possible. The single-use Compass provides a simple, precise, indisputable digital pressure reading instantly. Venous placement of the needle and guidewire can be confirmed continuously as needed. No more guesswork, no more blind spots.



Good for you, great for your patients.

Compass: Precise Pressure Made Simple.

- Enables continuous pressure verification during placement to confirm needle tip location
- Compatible with almost all syringes, any gauge needle, and all luer connections
- The guidewire port enables continuous pressure verification during wire insertion and advancement
- Meets American Society of Anesthesiologists' guidelines to enhance patient safety
- Meets ANSI/AAMI BP22 blood pressure transducer standards
- Allows for measurement of CVP as needed after insertion for the septic patient
- Closed system enables bloodless technique



References available upon request.

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